



INVENTORSHIP DECLARATION BY JOINT INVENTORS

I HEREBY DECLARE THAT:

My residence, mailing address, and citizenship are stated next to my name in PART A on hereof.

I believe I am the original, first, and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

HALOGENATED TRIPTOLIDE DERIVATIVES AS IMMUNOMODULATORS AND ANTICANCER AGENTS

the specification of which:

- ☐ is attached hereto.
- ☒ was filed on February 23, 2004 as Application Serial No. 10/786,663.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed in PART B hereof and have also identified in PART B on hereof any foreign application for patent or inventor's certificate having a filing date before that of the application of which priority is claimed.

I hereby claim the benefit under Title 35, United States Code §119(e) and §120, of any United States application(s) listed in PART C hereof and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56 which occurred between the filing date of the prior application and any national or PCT international filing date of this application.

I hereby declare that all statements made herein of my knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Please direct all telephone calls to LeeAnn Gorthey at (650) 838-4403. Address all correspondence to:

Perkins Coie LLP
P.O. Box 2168
Menlo Park, CA 94026
Customer No. 22918


INVENTORSHIP DECLARATION BY JOINT INVENTORS

PART A: INVENTOR INFORMATION AND SIGNATURE

Full name of **FIRST** inventor: Dongcheng Dai

Citizenship: PRC Mailing Address: 400 Ortega Avenue, #316
Mountain View, CA 94040

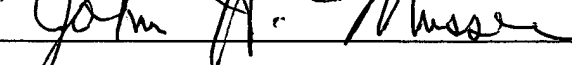
Residence (if different):

Inventor's Signature:  Date: June 3, '04

Full name of **SECOND** inventor: John H. Musser

Citizenship: US Mailing Address: 23 Michael Court 71 home Rd JHM
San Carlos, CA 94070 6/3/04

Residence (if different):

Inventor's Signature:  Date: June 3 '04

INVENTORSHIP DECLARATION BY SOLE INVENTOR

PART B: CLAIM TO PRIORITY OF FOREIGN APPLICATION(S) UNDER 35 U.S.C. 119(a-d)

<u>Country</u>	<u>App. No.</u>	<u>Filing Date</u>
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PART C: CLAIM TO PRIORITY OF U.S. PROVISIONAL AND NONPROVISIONAL APPLICATION(S) UNDER 35 U.S.C. 119(e) AND 120

<u>Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
<u>60/449,976</u>	<u>February 25, 2003</u>	<u>Abandoned</u>



Form 1595 (Rev. 10-1-99) (Patent only)		U.S. Department of Commerce Patent and Trademark Office	
RECORDATION FORM COVER SHEET		Attorney Docket No. 57070-8018.US00	
PATENTS ONLY			
To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof			
1. Name of conveying party(ies): Dongcheng Dai John H. Musser Add'l names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name/address of receiving party(ies): Pharmagenesis, Inc. 3183 Porter Drive Palo Alto, CA 94304 Add'l names of receiving parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other <input type="checkbox"/> Change of Name <input type="checkbox"/> Reassignment			
4. Date of execution: <u>June 3, 2004</u>			
5. Application number(s) and/or patent number(s): If this document is being filed with a new application, the date of signature by the first named inventor was: _____.			
A. Patent Application No.(s) 10/786,663 filed 02/23/2004		B. Patent No.(s)	
Additional numbers attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
6. Name and address of party to whom correspondence concerning document should be mailed: Perkins Coie LLP P.O. Box 2168 Menlo Park, CA 94026 (650) 838-4300 Customer No. 22918		7. Total No. of applications and patents involved: <u>one (1)</u> 8. Total fee (37 CFR \$3.41): <u>\$40.00</u> <input checked="" type="checkbox"/> Enclosed is check for \$40.00. The Commissioner is hereby authorized to charge any underpayment in fees to Deposit Account No. 50-2207. 9. Total number of pages, including cover sheet, attachments and document: <u>5</u>	
DO NOT USE THIS SPACE			
10. Statement and signature: To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. LeeAnn Gorthey <u>LeeAnn Gorthey</u> <u>JUNE 11, 2004</u> Name of Person Signing Signature Date			